



**Joshua's Friends** Special Needs Ministry  
**Parent Questionnaire for Children with special Needs**

Church of the Rock cares for every child in our program. These questions are asked for the benefit of your child so that we may provide the best experience and safest environment for everyone involved. Our church and workers respect your family's right to privacy. *Any information shared from this form is communicated directly with those caring for your child and only on a "need to know" basis.*

**Child's Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent(s) Name(s):** \_\_\_\_\_

E-mail: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

My child has the following diagnosis, medical conditions or learning difference:

\_\_\_\_\_

What are some helpful suggestions/interests that your child responds to or enjoys?

\_\_\_\_\_

Do you foresee any challenges with your child participating in church programs? If so, what?

\_\_\_\_\_

**Please check any that are applicable to your child that teachers/leaders will find helpful:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> short attention span/easily distracted    | <input type="checkbox"/> trouble sitting in group | <input type="checkbox"/> difficulty in social settings |
| <input type="checkbox"/> aggressive behavior                       | <input type="checkbox"/> tends to be possessive   | <input type="checkbox"/> following directions          |
| <input type="checkbox"/> speech difficulties                       | <input type="checkbox"/> change in routine        | <input type="checkbox"/> shyness                       |
| <input type="checkbox"/> fine motor skills (cutting/pasting)       | <input type="checkbox"/> separation anxiety       | <input type="checkbox"/> hearing challenges            |
| <input type="checkbox"/> trouble with sensory experiences          | <input type="checkbox"/> communication            | <input type="checkbox"/> interacting with peers        |
| <input type="checkbox"/> will run out of classroom                 | <input type="checkbox"/> tantrums/meltdowns       | <input type="checkbox"/> seizures                      |
| <input type="checkbox"/> aversion to lights, noise, costumes, etc. | <input type="checkbox"/> remaining on task        |  |

Any other concerns you would like to share about your child? \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Based on your answers above, we will look for a suitable Buddy to stay with your child during class time. We ask that, until a Buddy is found, a parent stay with their child. Once a Buddy is found, parents and Buddies will connect regarding service times and availability.**